

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

F 34396

State File No.

Registrar's No. 20

Registration District No. 57

Primary Registration District No. 5208

1. PLACE OF DEATH:

- (a) County Wayco
(b) City or town Rural, Humeon Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ 20 yrs
years, months or days

3. (a) PRINT
FULL NAMEGeorge A. Moore

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Ray Moore 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 6 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 14 hr. min.

9. Birthplace Rehoboth, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Chas. P. Moore

13. Birthplace Helix, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Roman

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amy Moore

- (b) Address Hale, Mo.

17. (a) Burial (b) Date thereof Oct. 22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Apelon Cemetery

18. (a) Signature of funeral director Frank E. Slater

- (b) Address Hale, Mo.

19. (a) OCT 22/1943 (b) Mrs. Edgar Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Wayco
(c) City or town Rural, Humeon Twp.
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1943 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from Oct 17
19 43 to Oct 20 19 43
that I last saw him alive on Oct 20 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cancer of Brain Duration 1 yr

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____ (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature Dr. Chas. P. Moore (M.D. or other) 2

Address Hale, Mo. Date signed 10-22-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 11-6-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank E. Slater

Licensed Embalmer No. 937

P. O. Address Hale Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.